2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02949

Reg. Dist. No. 28/

1. PLACE OF DEATH. COUNTY J. Maryland Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	It m
CITY (If outside corporate limits, write TURAL and OR give nearest town) Marcy Carly (in this place) HOSPITAL OR	CITY (if outside copporate limits, write RURAL and giv OR TOWN STREET (If rural, give location)	e nearest town
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type of Print) Mal	Bonds 4. DATE (Month) OF DEATH Merch	(Day) (Year) 26 - 1957
Hemale Magro Tourist Married. The male Magro (Specify) Lingle	6 - 4 - 50 9. AGE last birthday If under Months 9	Days Hours Min.
done during most of working life even if retired) NOUNTER NOUNTE	Great Mills Md.	COUNTRY? L.S.A
13. FATHER'S NAME Bonds	Mary Margaret Miles	V
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) 17 ses, give war or dates of exprise)	17. INFORMANT AND ADDRESS BONDS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asone ho preumo	uia.	2 day
Antecedent cause(s) Diseasee or conditions, if any, giving rise to the above cause stating the underlying cause last	4	1 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from 3 - 4		
alive on 3 - 24, 195, and that death occurred at	A.m., from the causes and on the date sta	ated above. DATE SIGNED
P. Blan M.D.	Great Mills. Md.	3-26-51
23. BURIAL, CREMATION DATE THEREOF NAME OF GEMETER REMOVAL (Specify) 3-26-17	RY OR CHEMICATY LOCATION City, town, or country	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-26-51	24. FUNERAL DIRECTOR Nachly Boyds 42	ADDRESS /
Land Colonia C	the same sale	- ms.



02950

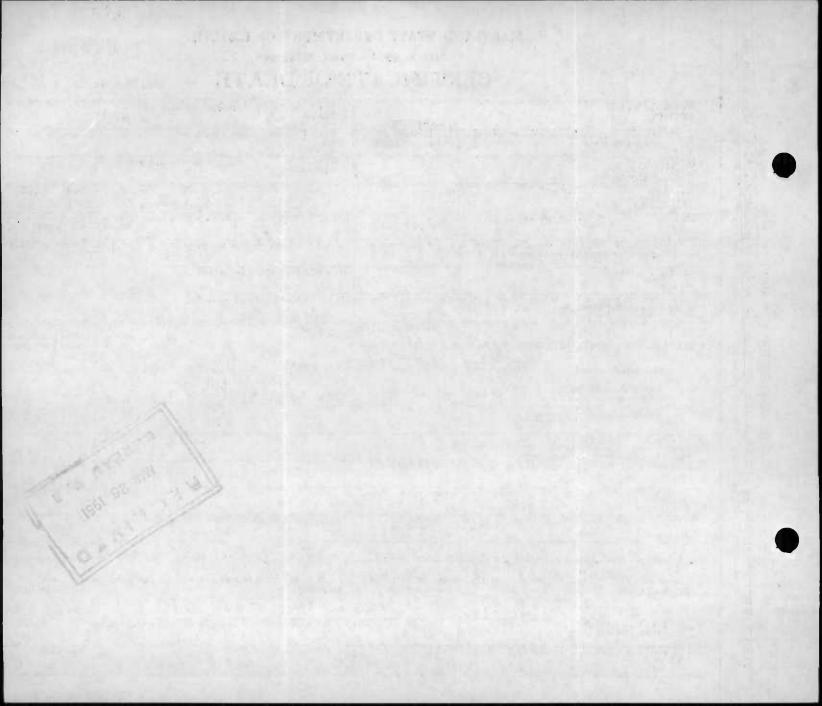
CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE COUNTY MORE	,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tow.	n)
OR givo nearest town) (in this place)	TOWN Clements.	
LATINA WARE	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR	ADDRESS A	
STREET ADDRESS	11 M. G. W. TT 2	
B. NAME OF (First) (Middle)	(Last) (4. DATE (Month) (Day)	(Year)
(Type or Print) Markaret Rose	Suy DEATH Mah 21	1957
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If und Months Days Hour	
WIDOWED, DIVORCED,	hal 3/5/6/6/ / 9 Months Days Hour	Mfn.
Day USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
lone during most of working life, evon If retired) INDUSTRY	Country?	TALAT
touse Wide for selfs	Maryland St Maryo u. d.	a.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William & Mallingly	Loophea Johnson	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(es, no, or unknown) (If yes, give war or dates of service)	Feor and Trul	
18. MEDICAL CE	RTIFICATION	
	INTERVAL B	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
Immediate cause (a) Metastatu Car	VIII ma a / Line 2 7 The	AS.
Immediate cause (a)	7-7-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	
Antecedent cause(s)	RIDA	10
Diseases or conditions, if any, (b)	ma It steal.	7900
giving rise to the above cause stating the underlying cause last		0
(c)		
i. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOI	PSY?
	Yes 🗆	No 🗆
1. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		
SUICIDE OF office bldg., etc.)		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURE OCCUR.	
INJURY m. Work At work		
col1	.40 mch 21 .57	
22. I hereby certify that I attended the deceased from	, 1948, to Mc42/, 1957, that I last saw the dec	eased
alive on Mah 18 1957, and that death occurred at.	// A from the course and on the date at the date	
	ADDRESS DATE SIG	CNED
SIGNATURE (Degree or title)	DATE SI	GNED
7 m. H. Labrah M.D. 7 Ce	oral Mace, Tentructers Poh Tend 3.21.	-17/
		State
REMOVAL (Specify) A PAGE OF CEMETE		tuter
Junear Vick + 7-1/1 States	Mcemeley Montanac et maris m	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS	S
REG. 3/2 3/51 (9/11/11/11/11		
	Jos C. Smorthy sley	
70751-	Jos C. mothrifley	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age



MARGIN RESERVED FOR BINDING

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	1		B OI BBILL	Reg. Dist. 1	10
1. PLACE OF DEAT			2. USUAL RESIDENCE (PRINT.
COUNTY At Se	ea (See reverse	side) MARYLAND	STATE Marylan	d	"St.Mary's
CITY (If outside of OR give neares	corporate limits, write RUR	AL and LENGTH OF STAY (in this piace)	OR CITY (If outside corpor	rate limits, write RURAL and	give nearest town)
TOWN	t town)	(In this place)	Town Patuxen	t River, Maryland	d
HOSPITAL OR INSTITUTION O STREET ADDRE	R Infirmary, U. SSPatuxent Rive	S.Naval Air Station. Maryland		MEMO (If rural, give location) Air Station	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Robert	Samuel	HANEY	OF DEATH March	8 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If unde	er 1 year If under 24 hrs
Male	Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) arried	3-15-23	27 yrs. 11	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Aviation I	working life, evon If retired) NO Chanic	U. S. Navy	Missouri		COUNTRY
13. FATHER'S NAM	4E		14. MOTHER'S MAIDEN	NAME	
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND	ADDRESS	
Yes	service) 1049_1951	<u> </u>	U.S. Navy rece	ords	
		18. MEDICAL CE			INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		The Hartest Save over			
Immediat	te cause (a)	INJURIES, MULTIPLE	E, EXTREME		Immediate
860 8 Antecede	nt cause(s)				
Diseases or	conditions, if any, (b)		*************************************		
	underlying cause last				
	(c)				
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	·h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	Y) (STATE)
SUICIDE AC	ccident INJ	office bldg., etc.) JRY See reverse	See rever	22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CUR?	
OF INJURYMarch	1 8 1951 2:17FM	Work At work	Plane crash		
22 I hereby cor	tify that I attended th	e deceased from	19 to	. 19 . that I last	saw the deceased
signatuse.	, 19, ar	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on the date	stated above. DATE SIGNED
- Janear	DON'S CATOMATON IN	o tront tront o			
CHERLOH D. I	BOAZ CAPTAIN M	C USN USNAS P	RY OR CREMATORY	lary land LOCATION (City, town of con	3-19-51 inty) (State)
REMOVAL (Spe	Tow 3/2//	51		Innitas Illi	inais
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. PUNERAL DIRECT	ory of	ADDRESS
2/21/-	SI Care		Winso	n Jeonardio	un mid.
/ /					673916

NOTE: Deceased was a crew member of an aircraft (P4M-1) on local test flight from U. S. Naval Air Station, Patuxent River, Maryland on March 8, 1951 when plane stalled and crashed in Chesapeake Bay, six miles north Windmill Point about 37 degrees 37 minutes north and 76 degrees 12 minutes west. Body was not recovered until 18 March 1951.

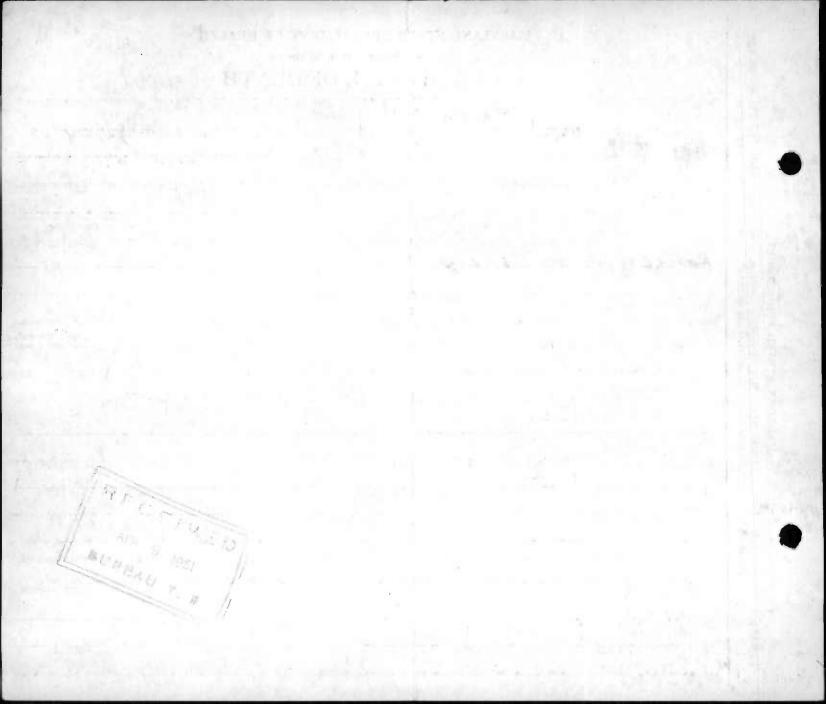
2411 N. Charles Street, Baltimore

02952

CERTIFICATE OF DEATH

eg. Dist. No. 282

1. PLACE OF DEA	TH.	MARYLAND	2. USUAL RESIDENCE OF	HOME) OF DEC	EASED. COUNT	Y MI	/
CITY (If outside OR give neare TOWN	corporate limits, write RUR		CITY (If outside corpor OR TOWN	ate limits, write F		ve nearest tow	n)
HOSPITAL OR INSTITUTION STREET ADDR	OR JESS		STREET ADDRESS	(If rural g	ive location)	2.000	
3. NAME OF DECEASED (Type or Print)	(First) ARY	BLANCH	HOLT	4. DATE OF DEATH	(Month) March	(Day)	(Year) 19 57
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Maxual	8. DATE OF BIRTH	9. AGE last birt	hday If unde Months	Pays Hour	ier 24 hrs Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		1	2. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NA	n. Hayes	Tralt	14. MOTHER'S MAIDEN	Name			
	EVER IN U.S. ARMED FORCES (If yes, give war or dates of laervice)		17. INFORMANT	they Ou	illiam	4 Hol	
		18. MEDICAL CE	RTIFICATION			1.	
1. DISEASES OR	CONDITIONS DIRECTLY		_			INTERVAL E	DEATH
Immedi	iate cause (2)	Ken	ouhage			46 00	les
Anteced	ent cause(s) r conditions, if any, to the above cause	6 hrom	e lymphax	lie leui	Kemia	194	ear
7400 stating the	e underlying cause last (c)		0				
Conditions contri related to the dis	FICANT CONDITIONS buting to the death but not lease or condition causing deat						
19a. DATE OF OP	ERATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTO	PSY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	rown)	(COUNTY) (STAT	E)
TIME (Month OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby ceralive on	1. 100 16	deceased from Mon.	7 00				
SIGNATURE	Ray Luy	Coerce or title)	Mechan	esville	, hel	DATE SI	GNED
23. BURIAL, CRE REMOVAL (Sp DATE REC'D BY	ecify) april 3-1	951 St Joses	CRY OR CREMATORY I	Moejan	ya n	ty) (S Navyla ADDRES	tate)
REG. CL	ST 0-	elevi	17 20	. 0 .	7	2 - 4	-
			for Comatter	yeary o	rone	naine	21
			720	836	mary	fland	



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02953 Reg. Dist. No. 100

				iteg. Dist. N	04
1. PLACE OF DEAT	гн•		2. USUAL RESIDENCE		
COUNTY 5	T. MARY	S MARYLAND	STATE MARY	(LAND COUNT	MARY'S
CITY (If outside	corporate limits, write R	URAL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and gi	ve nearest town)
OR give neares	St town) HARLDTTE /	face (in this place)	II OR	PLOTTE HAL	
HOSPITAL OR			STREET	(If rural give location)	
INSTITUTION O			ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JOSEPH	LEOPOLD	ISTVAN	OF DEATH MARCH	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birtbday If unde	r 1 year If under 24 hrs.
MALE	WHITE	WIDOWED, DIVORCED, (Specify)	JUNE 18,1916	3 4 yrs. Months	Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of we	ork 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT
done during most of	working life, even if retire	INDUSTRY HOTEL	BALTIMO	DRE MARYLAND	COUNTRY?
13. FATHER'S NA		1.01.0	14. MOTHER'S MAIDEN	N NAME	U.S.
Vose	EPH IST	VAN	ELIZAB		
15. WAS DECEASED I	EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown)) (If year, give war or da service)	tes of 577-26-1824	LEOPOLD	LOTSPICH (UNC	LE)
I DISEASES OF C	CONDITIONS DIRECT	18. MEDICAL CENTRY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN
I. DIDUMBED ON C	ONDITIONS DIRECT				ONSET AND DEATH
Immedia	ate cause (a)	DUB ARACHA	VOID HEMO	PRRHACE	3 HOURS
144,60				10 17 17 17 17 17 17 17 17 17 17 17 17 17	
Antecede	ent cause(s)				
	conditions, if any, (b)	SPASTIC HEI	MIPLEGIA.	RIGHT (RE-	30 YEARS.
	to the above cause underlying cause last	SIDUAL OF CEI	REBROSPINA	L MENINGITIS)	
	TICANT CONDITIONS		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	######################################	**************************
Conditions contrib	buting to the death but n				
	ease or condition causing of	R FINDINGS OF OPERATION			I se ATTRODUTE
DATE OF OTE		TITLE OF OF BURNION			20. AUTOPSY?
21. ACCIDENT	(Specify) P	LACE (Home, farm, factory, street,	: (CITY OF	TOWN	Yes No 2
SUICIDE	0	F office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)
HOMICIDE TIME (Month)		NJURY) I INJURY OCCURRED	HOW DID INHUBY OF	IGUD?	
OF		While at Not While	HOW DID INJURY OC	COR	
INJURY —	n	. Work At work			
22 I harahy ann	tify that I attended	the deseased from De Ta	SDIO WY to MADE	4/8 10.51 that I lead	am the decree 1
		the deceased from Octor			
alive on Ma	IRCH 13, 1951	and that death occurred at	P.m. from the	causes and on the date st	ated above.
SIGNATURE	10.0	(Degree or title)	ADDRESS		DATE SIGNED
John	N. Jul	free, m.D.	HUGHESUIL	CE, CHARLES CO.	3/14/51
Ch AUDIAY CON	DATES	NAME OF GRADE			, ,, -,
BURIAL, CREM	DATE 3	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	7 /
	1 2 10 13	1 1/ // cary	3)	Dryantown	
DATE REC'D BY	LOCAL REGISTRAF	S SIGNATURE	24. FUNERAL DIRECTS	DR ///	ADDRESS
0/16/	5-1 7002	is to Jasers of	Fruit +1Gg	on I Walds	ym
7 1	She	no AT		76107	51
	/Ms	TODINANI CONTON		10181	210



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

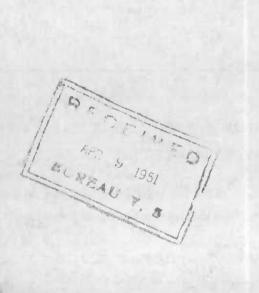
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02954

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	r 5
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY	CITY (If gutside copporate limits, write RURAL and giv	e nearest town)
OR give nearest town (in this place)	TOWN Mechanicsville	re nearest yown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS J. Many's Abspital	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) THOMAS ELMER S	FNKINS DEATH 3 - 28	8- 1957
6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under	1 year If under 24 hrs
male white WIDOWED, DIVORCED (Specify) married	6-21-1891 59 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, wen if retired) INDUSTRY		COUNTRYD / C
merchant store	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William J. Jenkens	Sackael U. Wheatless	
15. Was Decrased Ever In W.S. Arned Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	T. INFORMANT AND ADDRESS	. 01 440
(service)	Jos. 6. Jenkins - Millancesu	ule mo.
18. MEDICAL CI	ENTIFICATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
to boxie	coma of wemia	30.
Immediate cause (a)	0.	·
Antecedent cause(s)	in allena.	141 mm
Diseases or conditions, if any, (b)	<u> </u>	
24 & stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Ch.	1 1050 4 May 28 105/ 124 Ilong	
22. I hereby certify that I attended the deceased from	1, 1950, to Mar 28, 195/, that I last s	aw the deceased
alive on May 28 195/, and that death occurred at		ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Now Swither M. W	Mechanisville	3-128757
A C	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL General 3-31-51 St. Joseph	Motganne ma	7 .
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/57 Cerualis	1.10. Dolusson & Osonordlan	und med,
		/



2411 N. Charles Street, Baltimore

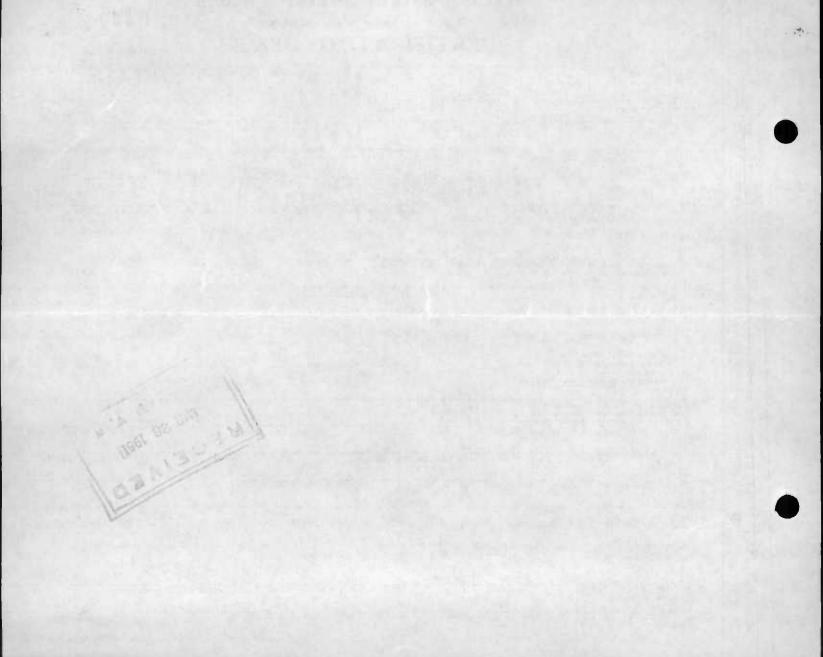
CERTIFICATE OF DEATH

02955

Reg. Dist. No. 281

093888 Znl.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	v 215-
MARYLAND MARYLAND	Maryland	N. ///2545
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RHRAL and giv	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sister Mary	nliana DEATH March	_ 22 , 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Months (Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	40
Naymond Vegrard	Rose Mary Guille	the
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If yes, give war of dates of	17. INFORMANT AND APPORESS	0'0
service)	sister adalaide	Klage mr.
18. MEDICAL CEI	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Car and local	Suplus	, 8.
Immediate cause (a) Gorontory	myawa	M.S.
420 / Antecedent cause(s)	1 shloralla.	7 11 000
Diseases or conditions, if any, (b)	, weww	3 years
stating the underlying cause last		
(e) 11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Jane.	1951, to 3-22, 1951, that I last s	aw the deceased
3-72-105/11/11/11	12 P	
alive on 3 - 2 2 -, 19.5, and that death occurred at 1. SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
Possean Mo:	Great Mills md.	8-23-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3 -25-51 Convent	RY OB CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2-23-51 2013, mg	(P R 19. X)	1-4-
J-20 of filening 111.	VI Willowson Near	and lower-

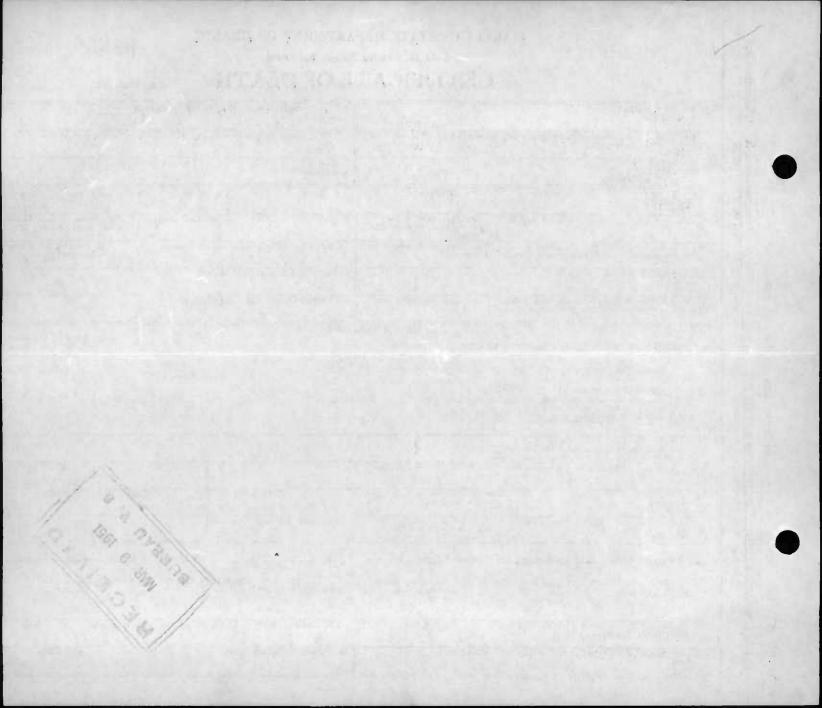


02956

соттес	CERTIFICAT	E OF DEATH Reg. 1	Dist. No. 28/
n carefully. The	I. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside corporate limits, wester RURAL and OR give negres) fown) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	CITY (If ortside corporate limits, write RUDA OR TOWN STREET ADDRESS After a give location of the corporate limits, write RUDA OR TOWN STREET	Land give nearest town) Land give nearest town) Land give nearest town)
y every item of information carefully the causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Middle) OTHER OF PRINT) OF ACE (Middle) Type or Print) OF ACE (Specify) (Sp	11. BIRTHPLACE (State or foreign country) 14. METHER'S MAIDEN NAME JURNOUM	nth) (Day) (Year) 1950 If under 1 year If under 24 hr Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY?
INK. Suppl please write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of learning service) 18. MEDICAL CES 19. Jensel of the service (a) 23. Jensel of the service (b) 24. Jensel of the service (c) 25. Jensel of the service (c)		Interval Between ONSET AND DEATE I how
TH UNFADING ortant. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \(\text{No } \text{\$\sigma} \)
PLAINLY, WITH is especially importan	21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work At work 22. I hereby certify that I attended the deceased from 24. 1. 24.	How did injury occur?, 1947, to Mass, 1947., that	
PLEASE WRITE	alive on3	ADDRESS Breat Mills Md RY OR CREMATORY LOGATION (City, town 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR	3-6-5-/
			100105

MARGIN RESERVED FOR BINDING

The correct age



The correct age

M

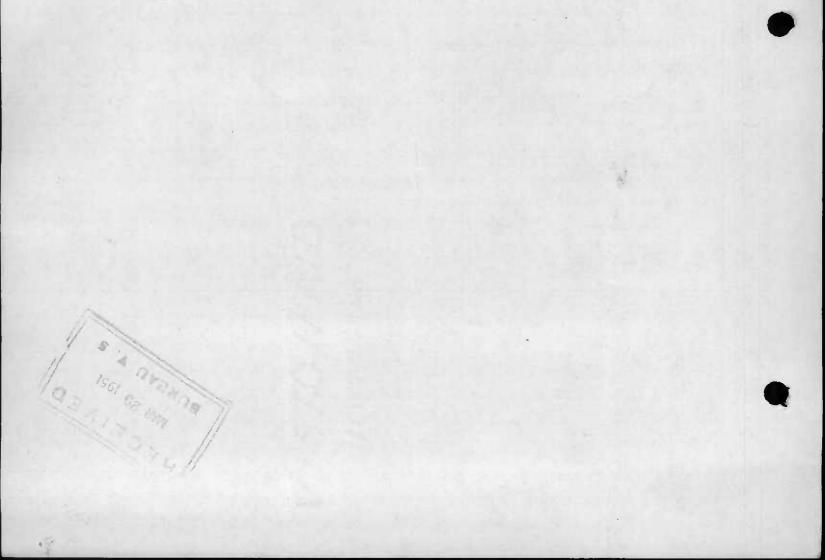
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If openide corporate limits, write RURAL and LENGTH OF STAY OR give nearest tewn) TOWN (In this place)	CITY (If outside corporate limits, write TURAL and giv	re nearest town)
TOWN Col Land Deach.	TOWN VVO ShingleN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If ru alfaire location)	1. V
3. NAME OF DECEASED (First) (First) (Middle) PRANCIS	(Last) (Last) (Montb) OF	(Day) (Year) 25 - 195/
6. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married,	8. DATE OF BIRTH 9. AGE last birtbday If under Months Months	1 year If under 24 brs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR MOUSTRY Nav /	II. BARTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME INOMAS F. O'KEEFE	HANNA HUNWART	1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yes or dates of service)	17. INFORMANT E. O'KEEFE	Č.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY TRADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 Immediate cause (a) Crude Cor	onay documen	medale
Antecedent cause(s) Diseases or conditions, If any, (b) Que ano releven	no ligher lesson	12.
glving rise to the above cause stating the underlying cause last	O	0
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY On CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH-OFF	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while m. work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) 23. BURIAL CREMATION () DATE THEREOF , NAME OF CEMETE	eased died on the dry stated above, and death in my	DATE SIGNED
CEMPENTOVAL 3/25/51	Hashington	D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEG. 3/15/57 CCC Level	Janlon General Home Ha	MODRESS
	391911 0	CO



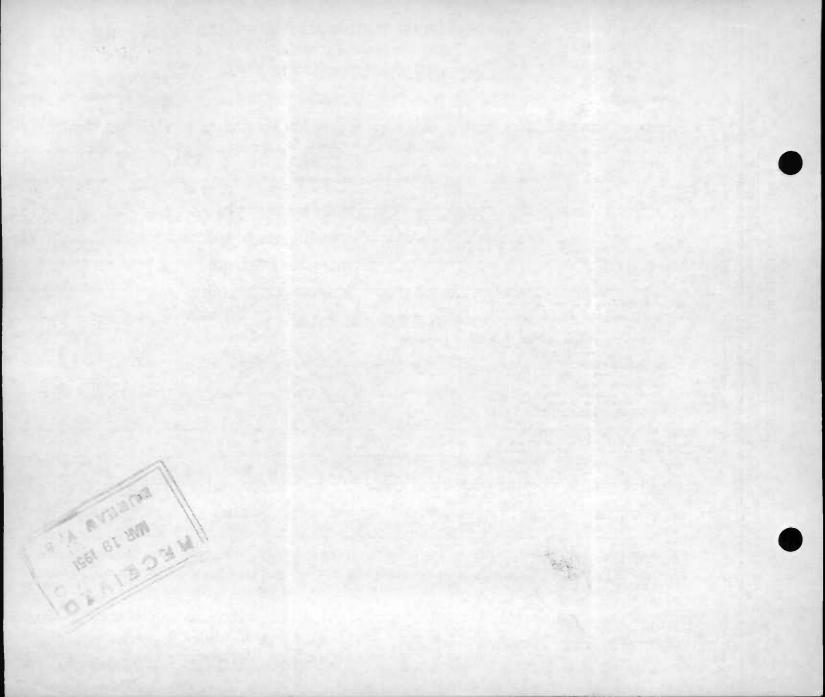
OPPOTEROATE OF DEATH

1. PLACE OF DEATH.		I 2. USUAL RESIDENCE	E (HOME) OF DE	CEASED.	
COUNTY Of M.	26, 227 1272	STATE		COUNT	
CITY (If outside corporate fimite, write RU	MARYLAND RAL and LENGTH OF STAY	2 KEITX (If outside cor	porate limits, write	RURAL and of	ve pearest town)
OR givo nearest town)	(in this place)	TOWN CAR			TO BOSTOME TO WILL,
HOSPITAL OR	we the	STREET	(III ura	give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS St M.	any's Hospital	ADDRESS			
B. NAME OF (First) DECEASED (Type or Print)	Sut (Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day) (Year)
SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last bi		I year If under 24 hr Days Hours Min
Da. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired	k 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (Sta		y) I:	2. CITIZEN OF WHAT
3. FATHER'S NAME		1 14. MOTHER'S MAKE	LOUGH DEN NAME		M.S.W.
1. 1. 111. Tust		4	Mad	(A)	11
Was Decrased Ever In U.S. Armed Force	ES? 16. SOCIAL SECURITY NO.	17 INFORMANT AN		1/1/	CALLY C
es, no, or unknown) (If yes, give war or date	em of	1 6 Plane	1000	ous	
100	18. MEDICAL CE	EXTIFICATION	- 4 1		1
I. DISEASES OR CONDITIONS DIRECTL		V			INTERVAL BETWEE
I. DISEASES OR COMDITIONS DIRECTE		. 10 7			ONGEL AND DEATH
Immediate cause (a)_	Osphy	a Mesnal	•••		17 ms
61.0 Antondont spung(s)					
4 4 34(-)	/ .	4			
Antecedent cause(s)	aspir I	- of muc			12hrs
Diseases or conditions, if any, (b)	Espirat	- of Muc		**************************************	12hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Break	- of Mue		** 4 0** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Breech	13 mue			12hrs
Joseph or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Breech	13 mus			1 the
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing designs.	Breech	13 mus			1 20. AUTOPSY?
Joseph or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Breech	- of Muc			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing described by the condition of the condition causing described by the condition of the condition causing described by the condition of the	Breech teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street,	Bert	PR TOWN)	(COUNTY)	Yes No E
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.)	Bert		(COUNTY)	Yes No E
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY I INJURY OCCURRED	Bert	R TOWN)	(COUNTY)	Yes No E
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE HOMICIDE IN	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY I INJURY OCCURRED	13crty (CITY C	R TOWN)	(COUNTY)	Yes 🗆 No
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing described by the condition causing de	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) IJURY INJURY OCCURRED While at Not While Work At work	(CITY O	R TOWN)		Yes No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE OF HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) IJURY INJURY OCCURRED While at Not While Work At work	(CITY O	R TOWN)		Yes No (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE OF HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from 3-16	(CITY O HOW DID INJURY	occuri	that I last s	Yes No (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOF 21. ACCIDENT (Specify) PI SUICIDE (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended alive on 3-16, 1957,	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) IJURY INJURY OCCURRED While at Not While Work At work	(CITY O HOW DID INJURY	occuri	that I last s	Yes No (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR 21. ACCIDENT (Specify) PI SUICIDE OF HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from 3-16	(CITY O HOW DID INJURY	occuri	that I last s	Yes No (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOF 21. ACCIDENT (Specify) PI SUICIDE IN HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended alive on 3-16 19-51, SIGNATURE	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from J-16 and that death occurred at Degree or title)	HOW DID INJURY HOW DID INJURY 1957, to 3 ADDRESS	OCCURION, 19.5. Athe causes and	that I last soon the date st	yes No (STATE) saw the deceased tated above. DATE SIGNED
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOF 21. ACCIDENT (Specify) PI SUICIDE (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended alive on 3-16 19-57, SIGNATURE 23. BURIAL, CREMATION DATE TIRES	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from J-16 and that death occurred at Degree or title)	HOW DID INJURY 195 /, to 3 2/2 A.m., from ADDRESS ERY OR CREMATORY	occuri occuri the causes and LOCATION (C.	that I last soon the date st	yes No (STATE) saw the deceased tated above. DATE SIGNED
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOF 21. ACCIDENT (Specify) PI SUICIDE IN HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended alive on 3-16 19.57, SIGNATURE SIGNATURE 19.57, SIGNATURE 23. BURIAL, CREMATION DATE THEORY REMOVAL (Specify)	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from J-16. and that death occurred at Opegree or title) FOR NAME OF CEMETING ACE 16-1951 Haly, 7.6	HOW DID INJURY HOW DID INJURY 195 /, to 3 2/2 A.m., from ADDRESS ERY OR CREMATORY 2 Le Cornette	the causes and	that I last so the date st	yes No (STATE) Saw the deceased tated above. DATE SIGNED Sty) (State)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing described by the death of the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the disease or condition causing described by the death but not related to the death but not related to the disease or condition causing described by the death but not related to the death but	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from J-16 and that death occurred at Degree or title)	HOW DID INJURY 1957, to 3 2.1. A.m., from ADDRESS PRY OR CREMATORY 2.1. Connecting	the causes and	that I last son the date st	yes No (STATE) saw the deceased tated above. DATE SIGNED
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deligation. 19a. DATE OF OPERATION 19b. MAJOF 21. ACCIDENT (Specify) PI SUICIDE HOMICIDE IN TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended alive on 3-16 19.57, SIGNATURE SIGNATURE 19.57, SIGNATURE 19.57, REMOVAL (Specify) March.	teath. R FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work the deceased from J-16. and that death occurred at Opegree or title) FOR NAME OF CEMETING ACE 16-1951 Haly, 7.6	HOW DID INJURY HOW DID INJURY 195 /, to 3 2/2 A.m., from ADDRESS ERY OR CREMATORY 2 Le Cornette	the causes and	that I last son the date st	yes No (STATE) Saw the deceased tated above. DATE SIGNED SIGNED (State) (State)

MARGIN RESERVED FOR BINDING

correct age

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02959

Reg. Dist. No. 287

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEA			
COUNTY of marys	MARYLAND	STATE Many	and -	COUNTY	anti	
CITY (If outside corporate limits, write RURAL and	LENGTH OF STAY (in this place)	OR CITY (II outside corporat	te limits, write RU.	RAL and give	nearest town)
OR give pearest town) TOWN Recognition	yesen 4 mont	L TOWN MUCH	ances			
HOSPITAL DR INSTITUTION OR		STREET ADDRESS P	(If rural, give	iocation)		
STREET ADDRESS		71.0	7 /			
3. NAME OF (First)	(iddle)	(Last)	4. DATE (Month)	(Day)	(Year)
(Type or Print)	hn.	prosess	DEATH //	arck	27	195/
6. COLOR OR RACE 7. SINGL	E, MARRIED,	S. DATE OF BIRTH	D. AGE last birthds		year If unde	
male While (Special	(ED DIVORCED,	116-28-191X	40 yr	8.	27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)		CITIZEN OF	WHAT
John harmer	Marmy.	manuland	St Mari	10	4,8.4	(,
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME /			
mosses qu	nen	Tennal	wall	en-		
(Yes, no, or unknown) (If yes, give war or dates of)	HAL SECURITY NO.	17. INFORMANT AND	ADDRESS	n		
no leervice) — 1500	760007	me many	a a	wen		
	18. MEDICAL CE	RTIFICATION			INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	+1 5			ONSET AND	
7	Toronary	brom toses			1 ter	
Immediate cause (a)	1000 min ug		***************************************			B+0-4444441.0.0.0
420 / Antecedent cause(s)	1					
Diseases or conditions, if any, (b)giving rise to the above cause		*				
The stating the underlying cause last				-		
(c)		`		1		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION	•			20. AUTOP	SY?
					Yes 🗆	No 🗆
	farm, factory, street,	(CITY OR T	OWN)	(COUNTY)	(STATE	€)
SUICIDE OF office bld HOMICIDE INJURY	ig., etc.)					
	OCCURRED Not While	HOW DID INJURY OCC	UR?			
	At work					
	· Man 24	257 hus	7 10(1)			
22. I hereby certify that I attended the decease	ed from	, 19, to / / car 2	/, 19./, th	at i last sa	w the dece	ased
alive on how & 7, 1957, and that de	eath occurred at 4	45 m., from the	causes and on t	he date sta	ted above.	
SIGNATURE	Degree or title)	ADDRESS	. 11	1	DATE SIG	NED
May Zent	un /h.	a Inegances	well, the	2 3	3 28/57	7
23. BURIAL CREMATION DATE THEREOF	NAME OF CENTER	RY OR CREMATORY L	OCATION (City, to	own or county	(2)	ate)
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	2 1	of Cometony W	metane a	St-Was	RUD W	1 R
DATE REC'D BY LOCAL REGISTRAR'S SIGNATU		24. FUNERAL DIRECTO	R		ADDRESS	
REG. 3/28/27 (Beech	can	for Con	ellingle	4		
		11 -1000	21 17	2, 20	2-8	



		CERTIFICAT	E OF DEAT	TH Reg. Dist. N	o. 286
1. PLACE OF DEATH COUNTY St.	H. Mary's	MARYLAND	2. USUAL RESIDENCE STATE Md.	(HOME) OF DECEASED.	Y Mary's
CITY (If outside c OR givo nearest TOWN FULTS	orporate limits, write RUR		CITY (If outside corpo OR TOWN	orate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Jane	Elizabeth	Perker	DEATH March	23 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If under Months	1 year If under 24 hr Days Hours Min
F	Col.	(Specify)	6/11/1884 11. BIRTHPLACE (State		
done during most of w	ATION (Give kind of work vorking life, even if retired) SEKEEPET	10b. KIND OF BUSINESS OR INDUSTRY	St. Mary		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		Julia Ann	N NAME Bitter	
15. WAS DECRASED E (Yes, no, or unknown)	herd Hill ver In U.S. Armed Forces (If yes, give war or dates service)	16. SOCIAL SECURITY NO.	Mrs. T. Colli	ns Oakly, Md.	
		18. MEDICAL CE	RTIFICATION		The state of the s
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
33 4 Immediat	e cause (a)	Cerebral apople	exy		17 8 0 800 00 00 00 00 00 00 00 00 00 00 0
Diseases or giving rise to	inderlying cause last	Arteriosclero	sis	807	+0.00 00 00 00 00 00 00 00 00 00 00 00 00
Conditions contribu	(c) CANT CONDITIONS uting to the death but not use or condition causing dea	former attach			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No [
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR	TOWN) (COUNTY	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
			- 51 7/27	57	
22. I hereby cert	ify that I attended th	e deceased from 3/8	, 19.01, to 0/.20	, 19.21., that I last	aw the deceased
alive on3	/20, 1951, ar	nd that death occurred at (Degree or title)	m., from th	e causes and on the date st	tated above. DATE SIGNED
Robert	. Palm	M.D.	Avenue, Md		/23/51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	OF NAME OF CEMETE Sacred Hea		LOCATION (City, town, or coun	ity) (State)
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT	Bushwood, Md.	ADDRESS
REG 3/23/51		Palmer	J. C. Mattin	gley. Leonardtown	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

02961

CERTIFICATE OF DEATH

673916

1. PLACE OF DE	EATH. It. mare &		2. USUAL RESIDENCE	(HOME) OF DEC		7	
COUNTY	/ - 9 /	e side MARYLAND	Maryla	nd	COUNTY	St.Marv's	
CITY (If outsi	de corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo				
OR give nes	rest town)	(in this place)	Town Patuxes	nt River	Maryland		
HOSDITAL OP			II CTDEET		ive location)		
INSTITUTION	or Infirmary, U.	S.Naval Air Static	n ADDRESS 931B, 1	MOO			
		r Maryland		Air Statio			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Y	ear)
(Type or Print)		Waldo	SANDVIG	DEATH	March		51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birt	day If under	year If under	4 hrs
Male	Caucasian	WIDOWED, DIVORCED, (SpecifyMarried	12-14-19	31	yrs. Months	25	Min.
10a. USUAL OCC	CUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12	. CITIZEN OF V	HAT
done during most	Pilot President of the state of	U.S. Navy	Minnesota		TI	S.A.	
13. FATHER'S N		O.D. May	1 14. MOTHER'S MAIDE	N NAME	. 0	817 8258	
Tot Larantina D M							
Mr. Wite Dwg	D EVER IN U.S. ARMED FORCES	? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDIDGG			
(Yes, no, or unknown	wn) (If yes, give war or dates or	of	17. INFORMANT AND	ADDRESS			
Yes	wn) (If yes, give war or dates service) 942-1951		U. S. Navy r	ecords			
	J	18. MEDICAL CE	RTIFICATION				
I DISPASES OF	CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND D	
i. Diblindlo VI	00112110112 21120121					011001 2110 0	A 63
Immod	liate cause (a)	INJURIES, MULTIPI	E EXTREME			Immediat	e
60.8 Antage	liate cause		•	00.7600			AB : W- V : B
Antece	edent cause(s)						
	or conditions, if any, (b)	***************************************	***************************************		***************************************		
giving ri	ise to the above cause the underlying cause last						
	(c)					1	
II. OTHER SIGN	VIFICANT CONDITIONS						
Conditions con	tributing to the death but not	h					
	disease or condition causing deat	FINDINGS OF OPERATION				20. AUTOPSY	2
13a. DATE OF	JI ERATION 138. MASON	IIIDINGO OI OI BIMILION					
			COVERT OF	mownth.		Yes N	0 []
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)	
HOMICIDE .	Accident INJ	office bldg., etc.) JRY See reverse	See rev	erse			
	th) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?			
OF INJURY Ma	rch 8 19512:17FM	While at Not While Work At work	Plane crash				
1110 0111 2122	2011 0 20020 121810						
22 I haraby	eartify that I attended th	e deceased from	19 to	. 19	that I last s	w the deces	hai
22. I Hereby	Citily that I appended on	0 4000000 22 0444,	, 20, 00		0240 2 14650 0	W.1. 0770 GCCCOR	Cu
alive on	19 ar	d that death occurred at	m. from th	e causes and or	the date st	ated above.	
SIGNATUR		(Degree or title)	ADDRESS			DATE SIGN	ED
	CARGO CL						
Thenton	D. BOAZ CAPTAIN	MC USN USNAS P	sturent River 1	Maryland		3-19-51	
23. BURIAL, CR	D BOAZ CAPTAIN EMATION WATE THERE	OF NAME OF CEMETE	RELIGIOUS RELIGIOS RE	Maryland LOCATION (City	, town, or count	y) (Stat	9)
REMO, VAL	Specify)	51 alinston	1	Winston	. 11		
DATE REC'D	BY LOCAL REGISTRAR'S		24. FUNERAL DIRECT		a craf	ADDRESS	
REG.	1/11 100	200	7.12/11.	5	5/		0
3/2	1/5/ Bec	Rus	- Brownso	ne flas	copolor	en m	24.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

NOTE: Deceased was co-pilot of an aircraft (P4M-1) on local test flight from U. S. Naval Air Station, Patuxent River, Maryland on March 8, 1951 when plane stalled and trashed in Chesapeake Bay, six miles north Windmill Point about 37 degrees 37 minutes north and 76 degrees 12 minutes west. Body was not recovered until 17 March 1951.

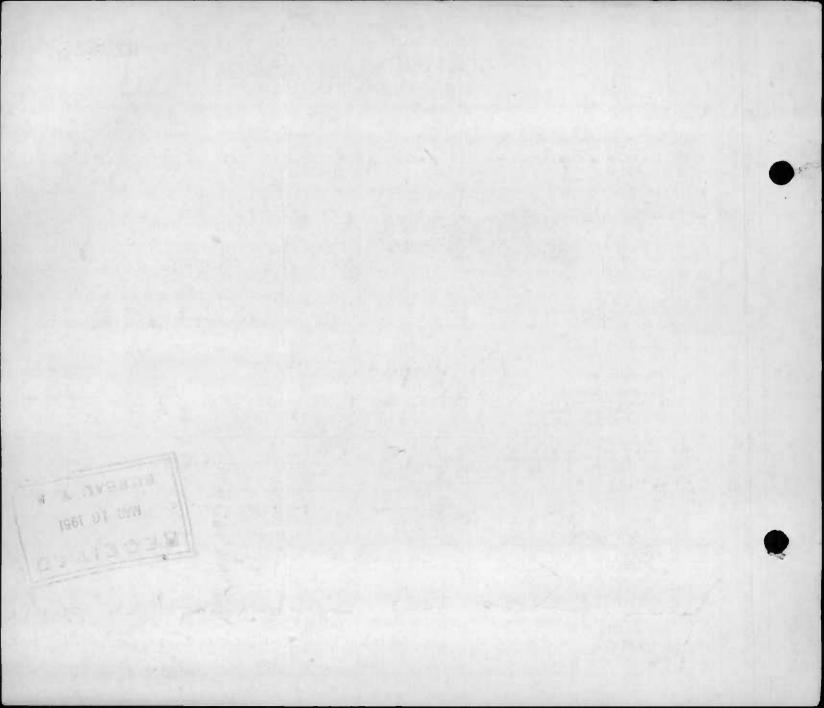
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0	FOR MEDICAL	Reg. Dist. No)
(B)	1. PLACE OF DEATH- COUNTY & many MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	00110
Supply every item of information carefully write the causes of death clearly and legibly	CITY (If outside corporate limits write RUBAL and OR give poset town Town (in this place) HOSPITAL OR	CITY (If outside corporate limits, write RURAL and give OR TOWN STREET (If rural, give location)	ve nearest town)
n ca	INSTITUTION OR STREET ADDRESS	ADDRESS F. D. #	
natic arly a	3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH NIGACH	(Day) (Year)
infort th clea	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WYDOWED, DIVORCED, (Specify) 2 male	8. DATE OF BIRTH 9. AGE last birthday If under	
of dea	done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	COUNTRY?
auses	Wellam Joseph Steward	alice Somewell	e
ly ever	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	William Joseph Stew	and
Supp	18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
INK.	Immediate cause (a) Ablyta		michile
IG IN	Antecedent cause(s) Diseases or conditions, if any, (b)	of or finated	- Parate
DIN	giving rise to the above cause stating the underlying cause last	1 0	
UNFADING it. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	A	
TH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No P
/ WITH U	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
PLAINLY s especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. Work Work	HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopay, Irrepection or Inquiry, find that said dece	pased died on the day stated above, and death in mu	from the evidence opinion resulted
WRITE	from: natural causes accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	DATE SIGNED
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	3/12/51
PLEASE	Benoval (Specify) mehls 195/ St France	in Xaven Complon Son	1 arys State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR Maltin Llech.	ADDRESS
2	09260223 395	Leonardiowsk ma	rypard
-			

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VS. A15A



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Z N	5	ly. The correct age
	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.
	S. A15	PLEASE WRIT

Thomas James W. CERTIFICAT	E OF DEATH Reg. Dist. No.	. 282
I. PLACE OF DEATH COUNTY CO. MARYLAND CITY (If outside corporate limits, write RURAL and OR givo nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT CITY (If outside conforate limits, write RURAL and give location) STREET ADDRESS (If rupal, give location)	-marsh
3. NAME OF DECEASED (First) (Middle) (Type or Print) 5. SEX 6. GOLOR OR RACE WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of	4. DATE (Month) OF DEATH MALE S. DATE OF BIRTH 9. AGE last birthday if under Months 11. BIRTHFLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 17. INFORMANT AND ADDRESS	(Day) (Year) 1 year If under 24 hr Days Hours Min 2. CITIZEN OF WHAT COUNTRY?
lservice) 200 18. MEDICAL CEI	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Q cute Card	lias delat	3/1/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hyperterocois	2
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
11001		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	2.00	
alrysus C Wilch M D	Moples Mengla	nd
REMOVAL (Specify) mch 3 1957 Oacard Ka	RY OR CREMATORY LOCATION (City, town, or countered Bush Word St) 100	Mp md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 / 2 / - REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. 110	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
OT. MARY'S MARYLAND	STATE MARYLAND COUNTYST. A	1ARUS
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest	town)
OR give pearest town TOWN CHARLOTTE HALL (in this place)	TOWN CHARLOTTE HALL	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
Type or Print) MOLLY S.	HOMAS DEATH MARCH 18	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under I year If Months Days H	
FEMALE COLORED WIDOWED, DIVORCED, (Specify)	3-11-1873 78 yrs, Months Days H	ours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
done during most of working life, even if retired) INDUSTRY January January	St marys Cos Country?	M.S.A
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Speaks	marghrite Dannend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no or unknown) (If year, give war or dates of service)	Odessa Butler (Vaught	86
		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
Immediate cause (a) HRTERIO- SCI	EROTIC HEART DISEASE 3	24RS
(CARDIAC FAIL		
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ARTERIO- DELEROSIS 10	YEAR
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
	Yes	No TL
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		TATE)
SUICIDE HOMICIDE OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from	, 19.47, to MARCH. 13, 1957, that I last saw the	deceased
alive on MaRCH. 16., 195/, and that death occurred at	200 2	
SIGNATURE (Degree or title)	ADDRESS DATE	ve. SIGNED
John H. Gelfin, M. D.	Neglore 110 3/15	-
yound. Tuffen, m. w.	3/18	131
23. BEMAL, CREMATION DATE NAME OF CEMETE		(State)
HAMOVAL (Specify) 3-22-51 St Mary	Charlott Hall ?	nh
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE)	24. EUNERAL DIRECTOR ADDR	ESS
REG. 3/34/41	the the work so	11

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CERTIFICATE OF DEATH

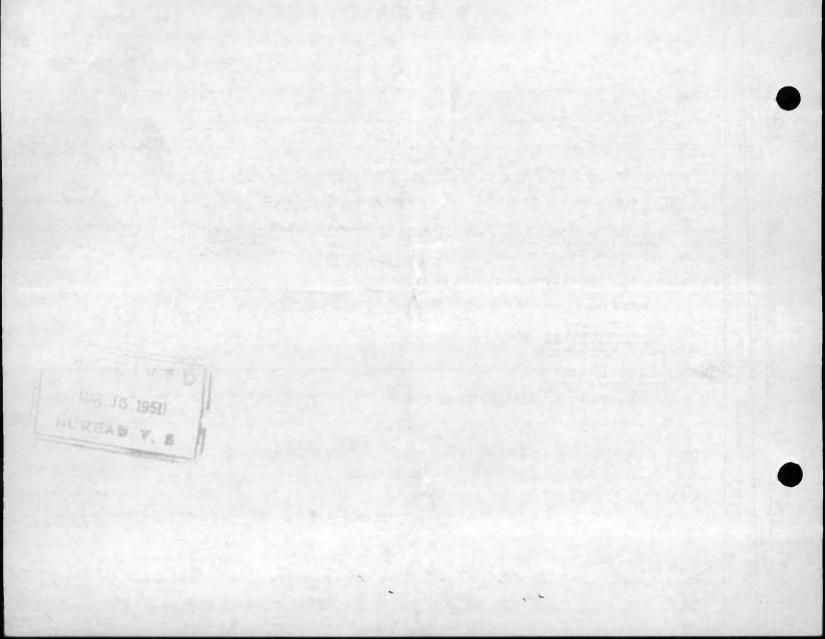
eg. Dist. No 2.8/.

8	OBJET IN TOTAL	Reg. Dist. No.	4. .04		
7 110	1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED OUNTY	arsp'		
gibly.	OR give neggest town TOWN CITY (in this place)	TOWN Park Hall	neares town)		
nd leg	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)			
arly a	3. NAME OF DECEASED (Type or Print) A Mah Cathering	Joney DEATH March	(Day) (Year)		
inform ch clea	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	Jan /- / / 79 3 / yrs. 2	year If under 24 hrs. Days Hours Min.		
n of i	done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	[Al. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT		
y iten	13. FATHER'S NAME Flenwick	14. MOTHER'S MAIDEN NAME)		
Supply every item of information carefully write the causes of death clearly and legibly.	15 Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Y., no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Jones	4		
oply te t	18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN		
Sur	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
UNFADING INK. t. Physicians: please	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	10 coraces	6 years		
Phy	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
ant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
PLAINLY, WITH is especially importan	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)		
NLY, cially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?			
PLAINLY s especially	22. I hereby certify that I attended the deceased from 3/2, to 3/3, 1957, that I last saw the deceased				
WRITE	alive on 3/12, 19.5, and that death occurred at A SIGNATURI! (Degree or title)	ADDRESS	ted above. DATE SIGNED		
	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CRIMATORY LOCATION (City, town, or county	(State)		
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	may md		
PL	March (3/51 BASE Ma	for & mallingles			
		Leonardour m	aryland		

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VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02967

Reg. Dist. No. 2

1. PLACE OF DEATH- COUNTY 7	2. USUAL RESIDENCE (HOME) OF DECEASED- STATED COUNTY	
MARYLAND MARYLAND	marilland of marilo	<u></u>
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside co pornte limits, write RUICAL and give nearest (wn) OR TOWN	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS B. Fred #	
3. NAME OF (First) (Middle)		Year)
(Type or Print) Joseph alogsest	Will DEATH mek 10	1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under Months Days Hours	24 hrs.
male While (Specify) Length	May 3/-/879 5 / yrs. 9 9	197
10a: USUAL OCCUPATION (Give kind of work 10b. Kind of Bysiness or done during most of working life, even if retired) INDUSTRY	M. ERTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S, NAME	Marstone & mary w. S. a	21
13. FATHER'S NAME	11. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	The AND ADDRESS A	
lservice) 18. MEDICAL CE	PTTETCATION	
	INTERVAL BET	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D)EATH
422,2 Immediate cause (a) React Da	elect due to 3hs	
Antecedent cause(s)	n. 0'1- 12.	21.
Diseases or conditions, if any, (b)	appearance auni	44
930 giving rise to the above cause stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cohaliseu ?	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
	Yes 🗆 N	No de
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	, 1951, to 3/16, 1957, that I last saw the decea	used
22. I hereby certify that I attended the deceased from 3/5		used
22. I hereby certify that I attended the deceased from 3.5		
22. I hereby certify that I attended the deceased from 3/5		
22. I hereby certify that I attended the deceased from 3/5	ADDRESS DATE SIGN	NED 5/
22. I hereby certify that I attended the deceased from S	ADDRESS DATE SIGN ADDRESS DATE SIGN OR CREMATORY LOCATION (City, town, or county) (State	NED 5/
22. I hereby certify that I attended the deceased from S	ADDRESS DATE SIGN ADDRESS DATE SIGN ALCOHOLD LOCATION (City, town, or county) (State of the party by the par	NED 5/
22. I hereby certify that I attended the deceased from 3.5	ADDRESS DATE SIGN ADDRESS DATE SIGN OR CREMATORY LOCATION (City, town, or county) (State	NED 5/
22. I hereby certify that I attended the deceased from 3.5	ADDRESS DATE SIGN ADDRESS DATE SIGN ALCOHOLD LOCATION (City, town, or county) (State of the party by the par	NED 5/

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02966

Reg. Dist. No. 287

I. PLACE OF DEATH- COUNTY - Dad	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest toy	(1/2
TOWN give nearest town (in while place)	TOWN Middle	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	-1
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) / AMMA 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If u	19,5 /
Male White WIDOWED, DIVORCED, (Specify) Married	March 1,1871 80 yrs. Months Days Hour	Min.
dos. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10h. Kind of Business or Industry	II. BIRTHPHACE (State or foreign country) 12. CITIZEN OF COUNTRY!	WHAT
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	u
William Lawdence Wilson	alik Jones	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of service) 11 or 16 or 1	17. INFORMANT	
18. MEDICAL CE	RTIFICATION/	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL I ONSET AND	
450.0 Immediate cause (a) Shull	1,7	1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	In Tens relevoir	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
more -	Yes 🗀	No B
21. EXTERNAL CAUSE WAS PRIMARY GR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH INJURY	(CITY OR TOWN) (COUNTY) (STAT	E)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY / Lone m. work monock	non	
22. I certify that I took charge of the remains described above, held an A obtained by said Autolesy, Propection or Inquiry, find that said dece from: natural causes charge decident , suicide , homicide , sIGNATURE (Degree or title)	ased died on the dry stated above, and death in my opinion resundetermined ADDRESS DATE SI	sulted
23. HURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL' (Specific) Med. 28-1951 (Old Free	4 0 1	tate)
DATE REC'D BY EUGAL REGISTRAR'S SIGNATURE REG. 3/21/5/ (Reg. alce)	24. FUNERAL DIRECTOR ADDRESS	3
7 11	Person St. I Could	

